

application for employment

PLEASE FILL OUT ALL INFORMATION COMPLETELY

Robert Patrick Salon is an equal opportunity employer and does not unlawfully discriminate on the basis of race, sex, sexual orientation, age, color, religion, national origin, marital status, veteran status, disability status, or any other basis prohibited by federal, state, or local law. Please let us know if you need accommodations in order to participate in the application process.

PERSONAL INFORMATION

Name _____ Date _____
Last First Middle

Address _____
Street City State Zip

How long at this address _____ Phone No. _____

How did you hear about our company? _____

EMPLOYMENT DESIRED

Position _____ How many hours would you like to work per week? _____

Date you can start _____ Salary desired _____

Explain why you want to work here _____

GENERAL BACKGROUND/QUALIFICATIONS

Are you employed now? _____ If so, may we inquire of your present employer? _____

Manager's name and phone number _____

How often would you like to participate in salon education? _____

Will anything interfere with your ability to perform, on a regular basis, the duties of the job for which you are applying? Y N

If so, please explain: _____

Please list any other skills, licenses, or other certificates that are job related: _____

Special interests: _____

(Continued)

EDUCATION

	Did you graduate?	Subjects studied and Degree(s) received
High School	Y <input type="checkbox"/> N <input type="checkbox"/>	
College	Y <input type="checkbox"/> N <input type="checkbox"/>	
Cosmetology	Y <input type="checkbox"/> N <input type="checkbox"/>	
Apprentice Program	Y <input type="checkbox"/> N <input type="checkbox"/>	

EMPLOYMENT RECORD

List most recent jobs first, include all jobs, military service and periods of unemployment lasting more than one month.

From _____	Company _____	Supervisor _____
	Position _____	Pay rate/Salary _____
To _____	Address _____	Reason for leaving _____
	Phone _____	

From _____	Company _____	Supervisor _____
	Position _____	Pay rate/Salary _____
To _____	Address _____	Reason for leaving _____
	Phone _____	

From _____	Company _____	Supervisor _____
	Position _____	Pay rate/Salary _____
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From _____	Company _____	Supervisor _____
	Position _____	Pay rate/Salary _____
To _____	Address _____	Reason for leaving _____
	Phone _____	

I authorize investigation of all information provided during the application process. I also authorize the employers and persons listed above to give Robert Patrick Salon all information concerning my previous employment and work history. I release Robert Patrick Salon, its agents, and the employers and persons listed above from any liability for requesting or providing information to Robert Patrick Salon about me.

I acknowledge that I have read and understand the above statements. I certify that all my answers to the questions in this application and any other information I may have submitted is true and complete to the best of my knowledge. I understand that giving false or misleading information may reason for denial of employment or termination if hired.

Applicant's signature X _____ Date _____